

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 14-MAR-2016		TIME 21:46:00		2. ADDRESS OF OCCURRENCE 3704 W POLK ST CHICAGO, IL 60624		3. LOCATION CODE 291		4. SECTOR/COLOR 1133		
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME BRACHO	7. FIRST NAME ARTURO V	8. STAR NO. 4691	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE S	11. AGE [REDACTED]	12. HT. 510	13. WT 267	
	14. DATE OF APPT 25-JUN-2001	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 011 1162D	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
SUBJECT INFORMATION	20. LAST NAME HARRIS	21. FIRST NAME LAMAR	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 07-JUL-1986	26. HT. 508	27. WT. 185		
	28. ADDRESS 1021 ELGIN FOREST PARK, IL 60130			29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? FIREARM - SEMIAUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
SUBJECT INFORMATION	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]			34. BY WHOM? [REDACTED]			
	35. CHARGES PLACED [REDACTED]			36. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid			37. CB NO. [REDACTED]			
REASON FOR USE OF FORCE (Check all that apply)	38. PASSIVE RESISTER		39. ACTIVE RESISTER		40. ASSAULT/ASSAULT		41. ASSAULT/BATTERY		42. ASSAULT/DEADLY FORCE	
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER <input type="checkbox"/>		FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	
REASON FOR USE OF FORCE (Check all that apply)	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMED <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON AUTHORIZATION <input type="checkbox"/> OTHER <input type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER <input type="checkbox"/>	
	43. ADDITIONAL INFORMATION ASSAULTANT USED AND WAS IN POSSESSION OF A GLOCK 22 .40 CAL SEMI AUTOMATIC HANDGUN, DESERT BROWN IN COLOR. SERIAL # THV404									
WEAPON DISCHARGE INCIDENT	44. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMIAUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER			45. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		46. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		47. WEATHER CONDITIONS CLEAR		
	48. TASER DART ID NO. [REDACTED]			49. WEAPON SERIAL NO. (Include Letters) [REDACTED]		50. CHICAGO GUN REG. NO. [REDACTED]		51. IL FIREARM OWNER ID. NO. [REDACTED]		
WEAPON DISCHARGE INCIDENT	52. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]			53. PROPERTY INVENTORY NO. [REDACTED]		54. TYPE OF AMMUNITION USED [REDACTED]		55. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]		
	56. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]			57. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		58. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED [REDACTED]		59. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 AT SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		
WEAPON DISCHARGE INCIDENT	60. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)			61. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		62. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		63. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		
	64. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN			65. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.				
CASE INFO.	70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC									
	71. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OC/C <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.									
SIGNATURES	Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.									
	72. REPORTING MEMBER (Print Name) BARNETT, THOMAS W			STAR/EMPLOYEE NO. 2102		SIGNATURE [REDACTED]				
SIGNATURES	73. REVIEWING SUPERVISOR (Print Name) RUIZ, BERSCOTT F									
	STAR NO. 382			SIGNATURE [REDACTED]		DATE REVIEWED TIME 15-MAR-2016 05:49:44				

LOG# 1079661

Attachment 6

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Fatally wounded.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Ofc. BRACHO, Arturo #4691, along with three fellow officers, were attempting to conduct a field interview when offender HARRIS, Lamar IR# 1311041 produced a handgun and began firing at the officers. Ofc. BRACHO sustained a gsw to his lower left back. Two of BRACHO's fellow officers returned fire and Offender HARRIS was fatally wounded.

UH#: U-16-002

CL Log #: 1079661

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/JCRNO: 1079661 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

RUIZ, BERSCOTT F

SIGNATURE

PC0N290

DATE COMPLETED

TIME

15-MAR-2016 05:51:26

79. TOTAL TRN# THIS EVENT NO.

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